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APPLICATION NO.	FILING DATE	7V U!	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/651,835	08/29/2003		John Krumme		1512.2.132	8179	
TITLE OF INVENTION: VALVE FOR CONTROLLING FLOW OF A FLUID							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE TOTAL FEE(S) DUI	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	04/11/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
NOGUEROLA, ALEXANDER STEPHAN 1753 204-600000							
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			(1) the names of up to or agents OR, alternati (2) the name of a singl registered attorney or a 2 registered patent atto	rinting on the patent front page, list names of up to 3 registered patent attorneys s OR, alternatively, name of a single firm (having as a member a ed attorney or agent) and the names of up to cred patent attorneys or agents. If no name is o name will be printed. 1 MADSON & AUSTIN 2			
A ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Beta Micropump Partners LLC Menlo Park, California							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖔 Corporation or other private group entity 🗀 Government							
4a. The following fee(s): Sale Issue Fee Publication Fee (N Advance Order - #	o small entity discount p		D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-0763 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above) \[\begin{align*} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.} \end{align*} \] \[\begin{align*} \text{ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).} \]							
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Authorized Signature	/ laxy	1) 10050	2	Date Apri	1 6, 2007		
Typed or printed name		Madson			o. 29,407		
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